

years. On examination, the nose was found to be filled with polypi and it was almost impossible for him to breathe. With the idea of giving him breathing space, the polypi only were snared out. A radiograph taken previously showed right frontal sinus and both ethmoid labyrinths opaque. The idea was at a later date to clean out the ethmoid and drain the frontal sinus. Tamponage was not needed. On the fourth day, Dr. Little, neurologist of the Naval Training Camp, San Diego, saw the case and diagnosed a Pachymeningitis. The patient died on the sixth day.

Autopsy report by Dr. H. A. Thompson.

Autopsy made six hours after death. On opening skull, general softening of the bones was noted, in areas this was so marked that the scapel could cut through. The dura was adherent to bone and very much thickened and general diffuse Pachymeningitis was found. The blood vessels at the base showed general sclerosis. A rupture of the first branch of anterior cerebral artery on right side was present. There was a clot 2-5/10 cm. in diameter in center of the right frontal lobe, the tissue surrounding this involving practically the entire right frontal lobe, which was softened and necrotic. The right lateral ventricle was involved and showed a small clot. There was a small oblique fracture through the cribriform plate of the ethmoid on the right side, the bone was very thin and spongy, and the polypi could be discerned in the ethmoid labyrinth through the cribriform plate.

Cause of death. Pachymeningitis following fracture of skull. The condition of the bone existed prior to the operation and rendered the tissue much more susceptible to trauma. Blood Wassermann showed four (4) plus positive.

San Francisco Shows Lowest Infant Mortality

SAN FRANCISCO DEPARTMENT OF HEALTH.

The following statement prepared by Health Officer William C. Hassler on births for the fiscal year 1918-1919 and deaths of infants during the same period is presented as being worthy of particular mention owing to the interest that has been displayed within recent times concerning Baby Welfare.

Births registered.

	Males	Females	Totals
1918			
July	345	339	684
August	415	383	798
September	407	378	785
October	418	366	784
November	354	346	700
December	371	338	709
1919			
January	359	310	669
February	330	308	638
March	378	361	739
April	328	334	662
May	370	388	758
June	398	328	726
	4473	4179	8652

The above total is exclusive of 356 stillbirths divided as follows:

Males 211, females 145, an excess of 66 boys over girls.

In the living births the boys exceeded the girls by 264 or 3 per cent. of the total number registered.

The introductory table shows a total of 8652 births recorded—and of this number 725 were born of parents residing outside of San Francisco and this group should rightfully be excluded from the gross total, thus leaving a net total of 7927 to be credited to our city as the natural increment to the population.

The recordation of births as shown by the figures for the fiscal year 1918-19, indicates a marked advance over previous years, the increase over the last five years being from 10 to 15 per cent. Our birth rate per 1000 of population for the year ending June 30, 1919, based on a census of 500,000 inhabitants, gives us 17.3 as compared to the previous three years of 13.5 to 15 per cent. per 1000 (Note—the 10 to 15 per cent. increase first mentioned refers to increase in **number**—the rates per 1000 are calculated on **population percentage**).

It can therefore be safely asserted that San Francisco is at least 98 per cent. perfect insofar as birth registration is concerned.

Physicians—Register Your Births Promptly.

The gross total distributed by color or race of parents gives the following figures: White 8121, Black 38, Chinese 196, Japanese 297.

By nativities, parents registered as straight U. S. born 4320, or 50 per cent. of the entire total; Great Britain 126, Ireland 300, Germany 72, France 77, Italy 747, Scandinavia 157.

2279 births were registered under "mixed parentage" comprising unions representing every country on the globe—589 of these or 25 per cent. being "United States and other"—indicating either father or mother being born in this country. Exclusive of the last named total a tabulation was kept of parentage involving unions between the United States and prominent foreign countries, and these tables show: U. S.-Ireland, 167; U. S.-Germany, 159; U. S.-Italy, 248.

It is interesting to note that under straight Italian and U. S. -Italian parentage 995 births were recorded or 11½ per cent. of the entire total—and the Japanese run up to 297, being far in advance of many of the "straight-parentage" countries, thus with a population of 5000 (estimated) the Japanese standing alone shows a birth rate of 5 per cent. per 1000.

The U. S. census figures do not attempt to segregate the population by nativities, hence it is not possible to figure out the exact percentage of Italian births to their population, but their rate of 11½ per cent. of the entire birth registration gives a fair index as to the fecundity of this race.

Physicians—Report Communicable Diseases without Delay.

Mortality.

"Infant Mortality" as referred to by the U. S. Census Bureau deals with deaths of children up to the age of one year.

For the fiscal year ending June 30, 1919, San Francisco registered 697 deaths of children in this age period.

The total deaths (adults and children) from all causes totalled 10,852, but of this large number 3322 are charged as victims of the two invasions of influenza in October-November, 1918, January-February, 1919; deducting these from the grand total gives us 7530 deaths as the normal rate. Yet even this is a high figure and considerably above our usual total, as our normal pneumonia death rate was augmented by easily 40 per cent. during the influenza epidemic.

The percentage of deaths of infants to the nor-

mal rate from all causes worked out as 9 1-3 per cent.

During the months covering the influenza outbreak—October, November, December and January—deaths of infants exactly doubled over the normal figure for these months, thus indicating that the invasion had a marked effect on women in pregnancy, "premature births" being of more than common occurrence.

Deaths of children under the age of 1 month increased by 50 per cent. over normal during this period, no doubt as a result of many mothers being rendered unfit to properly care for their offspring during the height of the epidemic.

48 children under the age of one year succumbed to influenza given as a direct cause of death, 65 died of broncho-pneumonia and 25 of lobar pneumonia, many of these last two causes doubtless being complicated with influenza.

170 babies died within 24 hours after birth, 71 lived one week, 118 died between the age of one week and one month.

This makes a total of 359 deaths under one month or 50 per cent. of the total deaths of infants for the fiscal year.

Physicians—Varicella Cases Should Always be Reported At Once.

The main issue which seems to concern those most interested in the subject of infant mortality is the question of improper feeding, or a poor milk supply and its possible bearing on diarrheal diseases, "summer complaint," etc., common to very young children.

Under the heading of "Diarrheal Diseases" (under 2 years) the deaths for 1918-19 show a total of 56 under 1 year—this including 10 under the age of 1 month. Therefore it is plainly evident that this class of diseases has but little bearing on the infant mortality situation in San Francisco, and we are led to believe that the character of our milk supply is largely responsible for this favorable showing.

As a matter of fact in a report issued several weeks since by the New York Milk Commission the City of San Francisco is credited as having the lowest infant mortality rate of any city in the Union with a population of 300,000 or over.

This finding was the result of an exhaustive survey made by this Commission covering the period for the calendar year 1918, its chief object being to secure data on deaths of infants caused by improper feeding and its consequent effect on the gastro-intestinal tract.

In the figures submitted by San Francisco in the questionnaire submitted by the New York Milk Commission the same relative ratio of deaths were maintained as set forth herein and we bore away the palm for conservation of infant life.

Without doubt our climatic conditions have much to do with the splendid general health of our babies—they can be kept out of doors practically all the year round—the excessive heat of summer and the rigors of severe winters are unknown to us—and as a result there is a vigor and vitality that is largely lacking in other large centers where the problem of overcrowding, extreme heat and cruel cold is always presented as the seasons roll around.

Physicians—Remember—The Importance of Promptly Reporting Births.

The last report received from the City of New York (week ending August 9) reports 271 deaths of children under one year during that period—140 from diarrheal diseases alone—at the same ratio this would mean 1084 per month, or one and one half as many as we have here in one year, and while it is true that their population is 10 times as large as ours, their baby deaths are 17 times as great.

Book Reviews

Medical Clinics of North America. Volume 2, Number 6 (May 1919); Baltimore Number. Octavo 287 pp. Published bi-monthly. Philadelphia and London: W. B. Saunders Company, 1919. Price per year, \$10.00.

L. F. Barker: Funicular myelitis. Julius Friedenwald: Personal experiences in treatment of ulcer of stomach. Various types of achylia gastrica as revealed by Rehfuess method of fractional analysis. John Ruhrah: Epidemic influenza in children. Gordon Wilson: Fundamentals in treatment of pulmonary tuberculosis. P. W. Clough: Pneumococcus sepsis. A. L. Bloomfield: Clinical diagnosis of epidemic influenza. T. R. Brown: Gastric signs and symptoms in diseases other than those of the stomach. J. H. King: Gastro-intestinal disturbances in metabolic diseases and diseases of the ductless glands. E. H. Gaither: Diet in treatment of digestive diseases. E. B. Freeman: Esophagoscopy as an aid in diagnosis and treatment of esophageal disease. F. H. Baetjer: Roentgenologic signs of joint lesions in children. Louis Hamman: Diabetes. Serous membrane tuberculosis. Auricular fibrillation. A. K. Krause: Multiple tuberculosis in childhood.

An Introduction to Neurology. By C. Judson Herrick, Ph. D., Professor of Neurology in the University of Chicago. Second edition; reset. 12mo of 394 pages; 140 illustrations. Philadelphia and London: W. B. Saunders Company, 1918. Cloth, \$2.00 net.

Though intended for medical or even pre-medical students, this is a valuable counselor and guide to that numerous body of practitioners to whom neurology is unexplored or ill explored land. Careful study of such a book as this will give anyone a sound basis for erecting diagnosis in nervous diseases, and at the same time will put him in the way of easy acquaintance with the advanced work in neurology which, without such introduction, is apt to be simply bewildering and discouraging.

The development of the nervous system is traced from the lowest organism, and throughout the work this relationship of morphology and function in man, to primitive forms and functions in the lower vertebrates and invertebrates is kept in mind. The clinical application of anatomical and physiological facts and laws is repeatedly insisted upon.

At the end of each chapter is a short but well selected bibliography of sources for those who wish to follow the subject further. With the index is combined a glossary which is a valuable inclusion.

The style is terse and idiomatic and the illustrations, many of which are original, are adequate without being elaborate. E. W. T.

Clinical Lectures on Infant Feeding: Boston Method by L. W. Hill; **Chicago Methods** by J. R. Gerstley. 377 pages. Philadelphia: Saunders. 1917. Price \$2.75.

This book is based on a series of lectures given in North Carolina at the invitation of the University of North Carolina and the State Board of Health. The circuit was six towns, and the authors differed in their background, Dr. Hill speaking for the American school of pediatrics, presenting clean milk, detailed infant hygiene, and percentage feedings as fundamental, in contrast to the European background from which Dr. Gerstley presents his lectures emphasizing the more complex and difficult types of feeding, making boiled milk the prerequisite for bottle-fed infants. This author, after presenting the Finkelstein method for